

www.mass.gov/abcc

LICENSE NUM	IBEK: 09/800001		CITY OR TOV	VN PLAINVILLE
APPLICATION	FOR RENEWAL:	Annual	LIC	CENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: PEPPER DININ	NG INC.		
DOING BUSIN	ESS A CHILI'S GRII	L & BAR		
ADDRESS 107	TAUNTON STREET			
CITY/TOWN:	PLAINVILLE	STATE: MA	ZIP CODE	: 02762
MANAGER: 1	RAYMOND- RIVET, JOSH	ΓΥΡΕ OF LICENSE: R	estaurant	CATEGORY: All Alcoho
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PRE	MISES:		
NRTHSIDE. LI FREEZER.	CENSED PREMISES	EXTEND TO REAL S		
-	and swear under penal		·	
		of the same type for the	-	
	_	vith all laws of the Com for business (If not exp		ng to taxes; and
3. the p.	remises are now open	for business (if not exp	iam below)	
SIGNED BY	Individual, Part	ner or Authorized Corp	oorate Officer	
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICATION NUMBE Individual Social Security Number
Acts of 2004, si	gned by the building	inspector and the hea	ad of the fire dep	quired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
Please Check Below	<u>/:</u>		LOCAL LICI	ENSING AUTHORITY
APPROVED:			By:	
DISAPPROVEI				
(If disapproved	explain)			
			-	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL:		CITT OK TOWN	PLAINVILLE
	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: MOZZARELLA' DOING BUSINESS A FITSY'S PUB	S OF PLAINVILLE,IN	IC	
ADDRESS 1 MANMAR DRIVE			
CITY/TOWN: PLAINVILLE	STATE: MA	ZIP CODE:	02762
MANAGER: RIBEIRO, JOSE F. TY	YPE OF LICENSE: Res	taurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	1AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
KITCHEN, BAR AREA, DINING ROCREAR DOORS	OM, OFFICE, STORA	GE AREA; FOUR I	FRONT AND THREE
I hereby certify and swear under penaltic	es of perjury that:		
1. the renewed license will be o	of the same type for the	same premises now	licensed;
2. the licensee has complied wi	th all laws of the Comr	nonwealth relating t	o taxes; and
3. the premises are now open for	or business (If not expla	nin below)	
SIGNED BY Individual, Partne	or or Authorized Corne	rate Officer	
	ei oi Aumonzeu Corpe	rate Officer	
	er of Authorized Corpc	rate Officer	
	er or Audiorized Corpc	Tate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
DATE: TELEPHO		EMPLOYER	R IDENTIFICATION NUMBER: lividual Social Security Number)
DATE: TELEPHO We the undersigned, attest that we as Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYEI (Note: <u>NOT</u> Inc e certificate requir l of the fire depart	ed by Chapter 304 of the ment for the above
We the undersigned, attest that we as Acts of 2004, signed by the building in named license and (2) the certificate of 2010. Please Check Below:	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: <u>NOT</u> Inde e certificate required of the fire departs rance required by	ed by Chapter 304 of the ment for the above
We the undersigned, attest that we as Acts of 2004, signed by the building i named license and (2) the certificate of 2010. Please Check Below: APPROVED:	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: <u>NOT</u> Inde e certificate required of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigned, attest that we as Acts of 2004, signed by the building in named license and (2) the certificate of 2010. Please Check Below:	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: NOT Inc.) e certificate required of the fire departer rance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigned, attest that we as Acts of 2004, signed by the building is named license and (2) the certificate of 2010. Please Check Below: APPROVED: DISAPPROVED:	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: NOT Inc.) e certificate required of the fire departer rance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUMBER: ()97800009		CITY OR TOWN PL	AINVILLE
APPLICATION FOR F	RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	KILDUB, INC.			
DOING BUSINESS A	THE CHIEFTAIN	PUB		
ADDRESS 23 WASHI	NGTON ST.			
CITY/TOWN: PLAIN	IVILLE	STATE: MA	ZIP CODE: 02	762
MANAGER: CAHIL B.	L, THOMAS TYPI	E OF LICENSE: Rest	aurant CATE	GORY: All Alcohol
EMAIL ADDRESS:				
PLI	EASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISI	ES:		
	OOMS FOR LAVAT	TORIES. MAIN DOΩ	&BAR, WITH BACK OR ON SOUTHEAST S ED FOR STORAGE.	
I hereby certify and swe	ear under penalties o	of perjury that:		
		• •	same premises now licer	
	•		onwealth relating to tax	es; and
3. the premises	s are now open for b	ousiness (If not explai	in below)	
SIGNED BY	Individual, Partner o	or Authorized Corpor	rate Officer	
DATE.				
DATE:	TELEPHONE	NUMBER:		NTIFICATION NUMBER: al Social Security Number)
			(1700) <u>1701</u> marylada	is social security (validet)
Acts of 2004, signed b	y the building insp	pector and the head	certificate required by of the fire department ance required by Cha	for the above
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:	7		By:	
DISAPPROVED:				
(If disapproved explain)			
DATE:				
=				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097800013	CITY OR TOWN PLAINVILLE
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: HEATHER HILL COUNTRY CLUE DOING BUSINESS A	3, INC.
ADDRESS 149 WEST BACON ST.	
CITY/TOWN: PLAINVILLE STATE: M.	A ZIP CODE: 02762
MANAGER: POHOLEK, JR. TYPE OF LICENSE: CONSTANT S.	Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
8 ENTRANCES & EXITS, MAIN FUNCTION ROOM, PESUN DECK, 2 REST ROOMS, CHANGEING ROOM, LO AREAS & KITCHEN ON 1ST. FL.BASEMENT WITH COLOCKER AND REST ROOMS.	CKER ROOM, GAME ROOM, SORAGE
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	he same premises now licensed;
2. the licensee has complied with all laws of the Co	_
3. the premises are now open for business (If not ex	splain below)
SIGNED BY Individual, Partner or Authorized Co	rporate Officer
	rporate Officer
	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Individual, Partner or Authorized Co	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above
Individual, Partner or Authorized Co DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the h- named license and (2) the certificate of liquor liability in	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above
Individual, Partner or Authorized Co DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the h- named license and (2) the certificate of liquor liability ir of 2010. Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above asurance required by Chapter 116 of the Acts
Individual, Partner or Authorized Co DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the henamed license and (2) the certificate of liquor liability ir of 2010. Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above asurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Individual, Partner or Authorized Co DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the h- named license and (2) the certificate of liquor liability ir of 2010. Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above asurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Individual, Partner or Authorized Co DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the henamed license and (2) the certificate of liquor liability ir of 2010. Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above asurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 097800016		CITY OR TOWN	PLAINVILLE
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM				
DOING BUSINES		_		
ADDRESS 35-37				
CITY/TOWN: P	LAINVILLE	STATE: MA	ZIP CODE:	02762
	ADARIAN, AZIELA	TYPE OF LICENSE:	Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION C	OF LICENSED PR	EMISES:		
	ORAGE, ONE EM	OR SALES & OEN ROO MPLOYEE ROOM/TOI STORAGE).		. 2ND FLOOR 2
I hereby certify an	d swear under pen	alties of perjury that:		
1. the ren	ewed license will b	be of the same type for t	he same premises now	licensed;
2. the lice	ensee has complied	with all laws of the Co	mmonwealth relating to	o taxes; and
3. the pre	mises are now ope	n for business (If not ex	plain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Con	porate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Please Check Below:			LOCAL LICENS	UNIC AUTHODITY
APPROVED:			By:	SING AUTHORITY
DISAPPROVED:			By.	
(If disapproved ex	plain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09780001	7	CITY OR TOWN	PLAINVILLE	
APPLICATION FOR RENEWA	AL: Annual	LICEN	SED FOR 2013	
	CLASS		YE	AR
LICENSEE NAME: SALAM	W. SALEM			
DOING BUSINESS A PLAINV	VILLE FOOD MART			
ADDRESS 120 SOUTH STREE	ET			
CITY/TOWN: PLAINVILLE	STATE: MA	ZIP CODE:	02762	
MANAGER: SALEM, SALAN	M TYPE OF LICENSE: Pa	ckage Store CA		ine and alt Regular
EMAIL ADDRESS:				
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED	PREMISES:			
ONE FLOOR-PARTITIONED I NO CELLAR. FRONT DOOR, I		OOM WITH PANE	LING BETWEE	IN.
•	open for business (If not expl	_	o taxes; and	
Individua	l, Partner or Authorized Corp	orate Officer		
DATE: TEI	LEPHONE NUMBER:		IDENTIFICATION	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORI	TY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: U.L. ENTERPRISES, INC DOING BUSINESS A SOUTH LIQUOR MART ADDRESS 431 SOUTH STREET CITY/TOWN: PLAINVILLE STATE: MA ZIP CODE: O2762 MANAGER: LEE, JASON TYPE OF LICENSE: Package Store CATEGORY: All Alcohol EMAIL ADDRESS: PLANE ALSO VISIT OUR WEISTIE NOTEN ENAML ADDRESS DESCRIPTION OF LICENSED PREMISES: I MAIN RM, GROUND FL. FOR DISPLAY & SELLING, ONE REAR ROOM FOR STOCK ON GROUND FL. ONE SIDE DELIVERY ENT. ONE HALF SIDE DELIVER ENT.; 2 REAR DELIVERY ENTRANCES. I ROOM (OFFICE SPACE) ON GROUND FLOOR AND ONE ROOM IN CELLAR FOR STORAGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED:	LICENSE NUMBER: U	19/800018		CITY OR TOWN	PLAINVIL	LE
LICENSEE NAME: U.L. ENTERPRISES, INC DOING BUSINESS A SOUTH LIQUOR MART ADDRESS 431 SOUTH STREET CITY/TOWN: PLAINVILLE STATE: MA ZIP CODE: 02762 MANAGER: LEE, JASON TYPE OF LICENSE: Package Store CATEGORY: All Alcohol EMAIL ADDRESS: PLASS ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: I MAIN RM, GROUND FL. FOR DISPLAY & SELLING, ONE REAR ROOM FOR STOCK ON GROUND FL. ONE SIDE DELIVERY ENT. ONE HALF SIDE DELIVER ENT.: 2 REAR DELIVERY ENTRANCES. I ROOM (OFFICE SPACE) ON GROUND FLOOR AND ONE ROOM IN CELLAR FOR STORAGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: APPROVED:	APPLICATION FOR R	RENEWAL:	Annual	LICEN	NSED FOR 20	013
DOING BUSINESS A SOUTH LIQUOR MART ADDRESS 431 SOUTH STREET CITY/TOWN: PLAINVILLE STATE: MA ZIP CODE: 02762 MANAGER: LEE, JASON TYPE OF LICENSE: Package Store CATEGORY: All Alcohol EMAIL ADDRESS: PLASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: I MAIN RM, GROUND FL. FOR DISPLAY & SELLING, ONE REAR ROOM FOR STOCK ON GROUND FL. ONE SIDE DELIVERY ENT. ONE HALF SIDE DELIVER ENT.:2 REAR DELIVERY ENTRANCES. I ROOM (OFFICE SPACE) ON GROUND FLOOR AND ONE ROOM IN CELLAR FOR STORAGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED: III disapproved explain)			CLASS			YEAR
ADDRESS 431 SOUTH STREET CITY/TOWN: PLAINVILLE STATE: MA ZIP CODE: 02762 MANAGER: LEE, JASON TYPE OF LICENSE: Package Store CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: I MAIN RM, GROUND FL. FOR DISPLAY & SELLING, ONE REAR ROOM FOR STOCK ON GROUND FL. ONE SIDE DELIVERY ENT. ONE HALF SIDE DELIVER ENT.:2 REAR DELIVERY ENTRANCES. I ROOM (OFFICE SPACE) ON GROUND FLOOR AND ONE ROOM IN CELLAR FOR STORAGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED: UIGH disapproved explain)	LICENSEE NAME: U	J.L. ENTERPRISES,	INC			
MANAGER: LEE, JASON TYPE OF LICENSE: Package Store CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: I MAIN RM, GROUND FL. FOR DISPLAY & SELLING, ONE REAR ROOM FOR STOCK ON GROUND FL. ONE SIDE DELIVERY ENT. ONE HALF SIDE DELIVER ENT.; 2 REAR DELIVERY ENTRANCES. 1 ROOM (OFFICE SPACE) ON GROUND FLOOR AND ONE ROOM IN CELLAR FOR STORAGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: APPROVED: DISAPPROVED: USAPPROVED:	DOING BUSINESS A	SOUTH LIQUOR M	IART			
MANAGER: LEE, JASON TYPE OF LICENSE: Package Store CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: I MAIN RM, GROUND FL. FOR DISPLAY & SELLING, ONE REAR ROOM FOR STOCK ON GROUND FL. ONE SIDE DELIVERY ENT. ONE HALF SIDE DELIVER ENT.: 2 REAR DELIVERY ENTRANCES. 1 ROOM (OFFICE SPACE) ON GROUND FLOOR AND ONE ROOM IN CELLAR FOR STORAGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: APPROVED: DISAPPROVED: GIGHNAPPROVED: GIGHNAPP	ADDRESS 431 SOUTI	H STREET				
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 1 MAIN RM, GROUND FL. FOR DISPLAY & SELLING, ONE REAR ROOM FOR STOCK ON GROUND FL. ONE SIDE DELIVERY ENT. ONE HALF SIDE DELIVER ENT.;2 REAR DELIVERY ENTRANCES. 1 ROOM (OFFICE SPACE) ON GROUND FLOOR AND ONE ROOM IN CELLAR FOR STORAGE. 1 hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: [] [] [If disapproved explain)	CITY/TOWN: PLAIN	IVILLE	STATE: MA	ZIP CODE:	02762	
DESCRIPTION OF LICENSED PREMISES: 1 MAIN RM, GROUND FL. FOR DISPLAY & SELLING, ONE REAR ROOM FOR STOCK ON GROUND FL. ONE SIDE DELIVERY ENT. ONE HALF SIDE DELIVER ENT.;2 REAR DELIVERY ENTRANCES. 1 ROOM (OFFICE SPACE) ON GROUND FLOOR AND ONE ROOM IN CELLAR FOR STORAGE. 1 hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: APPROVED:	MANAGER: LEE, JA	ASON TYPE	OF LICENSE: Pa	ckage Store C	CATEGORY:	All Alcohol
DESCRIPTION OF LICENSED PREMISES: 1 MAIN RM, GROUND FL. FOR DISPLAY & SELLING, ONE REAR ROOM FOR STOCK ON GROUND FL. ONE SIDE DELIVERY ENT. ONE HALF SIDE DELIVER ENT.; 2 REAR DELIVERY ENTRANCES. 1 ROOM (OFFICE SPACE) ON GROUND FLOOR AND ONE ROOM IN CELLAR FOR STORAGE. 1 hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: APPROVED: DISAPPROVED: HOCAL LICENSING AUTHORITY By: DISAPPROVED: (If disapproved explain)	EMAIL ADDRESS:					
I MAIN RM, GROUND FL. FOR DISPLAY & SELLING, ONE REAR ROOM FOR STOCK ON GROUND FL. ONE SIDE DELIVERY ENT. ONE HALF SIDE DELIVER ENT.;2 REAR DELIVERY ENTRANCES. I ROOM (OFFICE SPACE) ON GROUND FLOOR AND ONE ROOM IN CELLAR FOR STORAGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: APPROVED: DISAPPROVED: UIGH disapproved explain)	PLE	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		
GROUND FL. ONE SIDE DELIVERY ENT. ONE HALF SIDE DELIVER ENT.;2 REAR DELIVERY ENTRANCES. 1 ROOM (OFFICE SPACE) ON GROUND FLOOR AND ONE ROOM IN CELLAR FOR STORAGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: APPROVED: DISAPPROVED: UIGH disapproved explain)	DESCRIPTION OF LIG	CENSED PREMISES	S:			
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: APPROVED: DISAPPROVED: UIG disapproved explain) LOCAL LICENSING AUTHORITY By:	GROUND FL. ONE SI ENTRANCES. 1 ROOM	DE DELIVERY ENT	Γ. ONE HALF SI	DE DELIVER ENT	C;2 REAR DE	LIVERY
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: APPROVED: DISAPPROVED: Uff disapproved explain)	I hereby certify and swe	ear under penalties of	perjury that:			
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: APPROVED:	1. the renewed	license will be of the	same type for the	same premises nov	w licensed;	
SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: APPROVED: By: DISAPPROVED: (If disapproved explain)	2. the licensee	has complied with all	laws of the Com	monwealth relating	to taxes; and	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: (If disapproved explain)	3. the premises	are now open for bu	siness (If not expl	ain below)		
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: (If disapproved explain)	CICNED DV					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) LOCAL LICENSING AUTHORITY By:		Individual, Partner or	Authorized Corp	orate Officer		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) LOCAL LICENSING AUTHORITY By:						
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) LOCAL LICENSING AUTHORITY By:						
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) LOCAL LICENSING AUTHORITY By:	DATE:	TELEPHONE 1	NUMBER:			
APPROVED: By: Usapproved explain)				(Note: NOT Ir	ıdividual Social S	ecurity Number)
APPROVED: By: Usapproved explain)						
DISAPPROVED:				LOCAL LICEN	SING AUTHO	ORITY
(If disapproved explain)		1		By:		
	1)				
DATE:	(11 disappioved explain	,				
DATE:						
	DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	ABER: 09/800019		CITY OR TO	OWN PLAINVII	LLC
APPLICATION	N FOR RENEWAL:	Annual	L	CENSED FOR 2	.013
		CLASS			YEAR
DOING BUSIN	ME: 56 YOGI TOBA	P			
	WASHINGTON STREE				
CITY/TOWN:	PLAINVILLE	STATE: MA	ZIP COD	E: 02762	
	PATEL, T'ARUNKUMAR G.	YPE OF LICENSE:Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	NOF LICENSED PREM				
	BLDG. WINE SHOWRO ND EXITS IN FRONT				REA;
2. the la	renewed license will be dicensee has complied with premises are now open for	th all laws of the Com	monwealth rela		
SIGNLD D1	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICA OT Individual Social	
Please Check Below APPROVED: DISAPPROVE (If disapproved	 D:		LOCAL LIG	CENSING AUTH	ORITY
DATE:					



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LICENSE NU	MBER: 097800020		CITY OR TOWN PLAINVI	LLE
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N	AME: PLAINVILI	E BEAGLE CLUB		
DOING BUSI	INESS A			
ADDRESS E	VERETT W. SKINN	ER ROAD		
CITY/TOWN	: PLAINVILLE	STATE: MA	ZIP CODE: 02762	
MANAGER:	PEASLEY, ROBERT C.	TYPE OF LICENSE: Club	category:	All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTIO	ON OF LICENSED P	REMISES:		
		N ROOM, KITCHEN, TWC H; THREE ENTRANCES/ E) REST ROOMS, STORAGE F EXITS.	ROOM
I hereby certif	y and swear under pe	enalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Comm	nonwealth relating to taxes; and	
3. the	premises are now op	en for business (If not expla	in below)	
SIGNED BY				
	Individual, l	Partner or Authorized Corpor	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	, signed by the build	ing inspector and the head	certificate required by Chap of the fire department for the cance required by Chapter 11	e above
Please Check Bel			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROV.				
(If disapprove	u expiaiii)			
DATE:				



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LICENSE NUM	IBER: 097800021		CITY OR TOWN PL	AINVILLE
APPLICATION	FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: WRENTHA	M SPORTSMEN'S CLUB		
DOING BUSIN	ESS A			
ADDRESS MA	DISON STREET			
CITY/TOWN:	PLAINVILLE	STATE: MA	ZIP CODE: 02	2762
	SBARDELLA, DANIEL	TYPE OF LICENSE: Club	CATE	GORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	OF LICENSED PI			
ONE STORY B ENTRANCES A		N DINING HALL, KITCHE	N BASEMENT AND T	:WO
I hereby certify	and swear under pe	nalties of perjury that:		
1. the re	enewed license will	be of the same type for the s	ame premises now licer	nsed;
2. the li	icensee has complie	d with all laws of the Commo	onwealth relating to tax	es; and
3. the p	remises are now op	en for business (If not explai	n below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpor	ate Officer	
DATE:	TELE	PHONE NUMBER:		NTIFICATION NUMBER:
			(Note. NOT marvidus	al Social Security Number)
Acts of 2004, s	igned by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insura	of the fire department	for the above
Please Check Below	<u>v:</u>		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiain)		-	
DATE:				



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LICENSE NUM	BER: 09/800025		CITY OR TO	WN PLAINVIL	LE
APPLICATION	FOR RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	ME: CUMBERLAND I	FARMS OF MA INC	•		
DOING BUSIN	ESS A CUMBERLAND	FARMS #0131			
ADDRESS 139	SOUTH ST				
CITY/TOWN:	PLAINVILLE	STATE: MA	ZIP CODE	2: 02762	
	Manganiello, Alicia TYI A	PE OF LICENSE: Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION	OF LICENSED PREMIS	SES:			
FOUR COOLER PORTION OF S	CES; ONE SIDE SERVI R DOORS AND TWO D TORE, SUCH DISPLAY O ONE WINE DISPLAY A	ISPLAYS LOCATEI YS TO CONSIST OF	D WITHIN THE FONE FULL W	NORTHEAST RAP/FULL CAS	E BEER
I hereby certify a	and swear under penalties	of perjury that:			
1. the re	enewed license will be of	the same type for the	e same premises	now licensed;	
2. the lie	censee has complied with	all laws of the Com	monwealth relati	ng to taxes; and	
3. the pr	remises are now open for	business (If not expl	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:		OYER IDENTIFICAT $oldsymbol{\Gamma}$ Individual Social S	
Please Check Below	<u>".</u>		LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVEI					
(If disapproved e	expiain)				
DATE:					



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LICENSE NUMBER	: 097800027		CITY OR TO	OWN PL	AINVILLE
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED	FOR 2013
		CLASS			YEAR
LICENSEE NAME:	YEN CHING, I	INC.			
DOING BUSINESS A	A YEN CHING	RESTAURANT			
ADDRESS 13 TAUN	TON ST				
CITY/TOWN: PLAI	NVILLE	STATE: MA	ZIP COD	DE: 02	762
MANAGER: CHEN LIAN	· /	TYPE OF LICENSE:	Restaurant	CATE	GORY: All Alcoho
EMAIL ADDRESS:					
		JR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF L					
		Γ LEVEL. THREE EN LOT, TWO IN REAR			
I hereby certify and sv	wear under penal	Ities of perjury that:			
• •	•	e of the same type for t	he same premise	s now licer	nsed;
2. the license	e has complied v	with all laws of the Con	mmonwealth rela	ting to tax	es; and
3. the premise	es are now open	for business (If not ex	plain below)		
SIGNED BY	Individual, Par	tner or Authorized Cor	porate Officer		
DATE:	TELEPH	ONE NUMBER:			NTIFICATION NUMBER al Social Security Number
Acts of 2004, signed	by the building	are in possession (1) g inspector and the he e of liquor liability in	ead of the fire d	epartment	for the above
Please Check Below:			LOCAL LI	CENSING	AUTHORITY
APPROVED:	=		By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	. 097800028		CITY OR TO	OWN PLAINVIL	LLE	
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME:	PLAINVILLE RA	ACING COMPANY	, LLC			
DOING BUSINESS A	A PLAINRIDGE I	RACECOURSE				
ADDRESS 301 WAS	HINGTON ST					
CITY/TOWN: PLAI	NVILLE	STATE: MA	ZIP COD	DE: 02762		
MANAGER: PION GARY		YPE OF LICENSE: F	Restaurant	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_	
DESCRIPTION OF L						
APPROX 52,000 SQ	FT CLUBHOUSE	E, GRANDSTAND, S	SIMULCAST T.	HEATER		
I hereby certify and sv		1 0 0				
		of the same type for the	-			
	•	th all laws of the Cor or business (If not ex		ating to taxes; and		
5. the premise	es are now open to	or business (If not ex	piani below)			
SIGNED BY						
SIGINED DI	Individual, Partne	er or Authorized Cor	porate Officer			
DATE:	TELEPHO!	NE NUMBER:	BER: EMPLOYER IDENTIFIC.			
			(Note: <u>N</u>	(Note: <u>NOT</u> Individual Social Security Number)		
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building in	nspector and the he	ad of the fire d	epartment for the	above	
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED: (If disapproved explain	 n)					
(alsappio rea empiai	/					
DATE:						



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LICENSE NUMBER:	097800030		CITY OR TOWN	PLAINVIL	LE
APPLICATION FOR 1	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WENTWORTH HIL	LS Property Opera	tor, LLC		
DOING BUSINESS A	WENTWORTH HI	LLS GOLF CLUB			
ADDRESS 27 BOW S	TREET				
CITY/TOWN: PLAIN	NVILLE	STATE: MA	ZIP CODE:	02762	
MANAGER: YOUN C.	G, RONALD TYPE	OF LICENSE: Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:			
60 X 40 2 STORY BU TECHNOLOGY FIEL				INSTITUTE	EOF
I hereby certify and sw	ear under penalties of	f perjury that:			
1. the renewed	l license will be of the	e same type for the	same premises now	licensed;	
2. the licensee	has complied with al	l laws of the Comn	nonwealth relating t	o taxes; and	
3. the premise	s are now open for bu	isiness (If not expla	in below)		
SIGNED BY					
	Individual, Partner or	: Authorized Corpo	rate Officer		
D. A. TITE					
DATE:	TELEPHONE :	NUMBER:			TION NUMBER: security Number)
			(100c. <u>1101</u> III	iividuai sociai s	security Number)
We the undersigned, Acts of 2004, signed an named license and (2 of 2010.	by the building inspe	ector and the head	of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
					
DATE:					



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LICENSE NUME	3ER: 097800031		CITY OR TOWN	PLAINVILLE
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: HODMILL, INC.			
DOING BUSINE	SS A THE TAVERN F	ROM TOWER SQ	UARE	
ADDRESS 119 V	WASHINGTON STREE	T		
CITY/TOWN: P	PLAINVILLE	STATE: MA	ZIP CODE:	02762
	ODGMAN, TYF ILEEN	PE OF LICENSE: R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
	OF LICENSED PREMIS			
ENTRANCE/EX	RESTAURANT. SINGLI IT, KITCHEN ENTRAN BAR, BANQUET FACIL	NCE/EXIT, KITCH	EN, THREE D ININ	
I hereby certify a	nd swear under penalties	of perjury that:		
1. the rer	newed license will be of	the same type for th	ne same premises now	licensed;
2. the lic	ensee has complied with	all laws of the Con	nmonwealth relating t	o taxes; and
3. the pre	emises are now open for	business (If not exp	olain below)	
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, sig	gned by the building ins	spector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	xpiain)			
DATE:				



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LICENSE NUMBI	2K: 09/800032		CITY OR TOWN	PLAINVILLE
APPLICATION FO	OR RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: RANCHO CHI	CO FAMILY RESTAUF	RANT, INC.	
DOING BUSINES	S A RANCHO CH	IICO FAMILY RESTAU	JRANT	
ADDRESS 52 WA	SHINGTON ST			
CITY/TOWN: PI	LAINVILLE	STATE: MA	ZIP CODE:	02762
MANAGER: MC	ORENO, JOEL	ГҮРЕ OF LICENSE: Res	staurant C	CATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION O	F LICENSED PRE	MISES:		
		T ENTRANCE TWO E		
		SIDE. THREE SERVICE		
		PREP AREA, OFFICE, I BY SMITH & GREENE		
	AND RESTROOM		LIQUORTROII	IIDITEDTROM
I hereby certify and	d swear under penal	ties of perjury that:		
1. the rene	ewed license will be	of the same type for the	same premises nov	v licensed;
2. the licer	nsee has complied v	with all laws of the Comm	nonwealth relating	to taxes; and
3. the pren	nises are now open	for business (If not expla	ain below)	
SIGNED BY	I. I. I. I. D.		0.00	
	individual, Pari	tner or Authorized Corpo	orate Officer	
DATE:	TELEDIJ	ONE NUMBER.	EMPI OYE	R IDENTIFICATION NUMBER:
	TELEPH	ONE NUMBER:		dividual Social Security Number)
				,
				red by Chapter 304 of the
		inspector and the head		
of 2010.	d (2) the certificate	e of liquor liability insu	rance required by	Chapter 116 of the Acts
Please Check Below:	٦		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	oiain)			
			-	
DATE:				
DAIL.				



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LICENSE NUMBER: 097800033		CITY OR TOWN PLAINVILLE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: DS AND BS GAME 7 INC DOING BUSINESS A GAME 7 SPORTS BAR ADDRESS		
	ATE: MA	ZIP CODE: 02762
MANAGER: SWIST, BRUCE H. TYPE OF L	LICENSE: Rest	taurant CATEGORY: All Alcoho
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND	D ENTER YOUR EM.	AIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:		
2400 SQ. FT. RESTAURANT, ONE EXIT AND BACKKITCHEN BAR AREA, DINING ROO		
I hereby certify and swear under penalties of perju	ury that:	
1. the renewed license will be of the same	e type for the s	same premises now licensed;
2. the licensee has complied with all laws	s of the Comm	nonwealth relating to taxes; and
3. the premises are now open for busines	s (If not explai	in below)
SIGNED BY Individual, Partner or Auth	norized Corpor	rate Officer
DATE: TELEPHONE NUM	BER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in poss	oggion (1) the	agentificate magnified by Chapter 204 of th
Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.	and the head	of the fire department for the above
Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010. Please Check Below:	and the head	of the fire department for the above
Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010. Please Check Below: APPROVED:	and the head	of the fire department for the above rance required by Chapter 116 of the Act
Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010. Please Check Below: APPROVED: DISAPPROVED:	and the head	of the fire department for the above rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010. Please Check Below: APPROVED:	and the head	of the fire department for the above rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010. Please Check Below: APPROVED: DISAPPROVED:	and the head	of the fire department for the above rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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LICENSE NUMBER: 09/800034		CITY OR TOWN PLAINVIL	LLC
APPLICATION FOR RENEWAL:	: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: AMERICAN DOING BUSINESS A	N LEGION POST 217		
ADDRESS 44 SOUTH STREET			
CITY/TOWN: PLAINVILLE	STATE: MA	ZIP CODE: 02762	
MANAGER: PEAVEY, JACK	TYPE OF LICENSE: Vet	erans club CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
ONE STORY BUILDING WITH SOUTH STREET, KITCHEN ARI PERPOSES	MEETING ROOM AND T		
I hereby certify and swear under pe	nalties of perjury that:		
1. the renewed license will	be of the same type for the	same premises now licensed;	
2. the licensee has complied	ed with all laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now op	oen for business (If not expla	nin below)	
SIGNED BY Individual, I	Partner or Authorized Corpo	orate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the head	l of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER:)97800036		CITY OR TOWN	PLAINVIL	LE
APPLICATION FOR RENEWAL:		Annual	LICEN	013	
		CLASS			YEAR
LICENSEE NAME:	7-eleven of massachus	setts inc.			
DOING BUSINESS A	7-11				
ADDRESS 2 Wilkins I	Drive				
CITY/TOWN: PLAIN	1VILLE	STATE: MA	ZIP CODE:	02762	
MANAGER: couillan	rd, raymond p. TYPE (OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISES	3:			
2980 sq ft with double	door entrance/exit in f	front. Display and	storage of ab limited	d to basemen	t
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	same premises now	licensed;	
2. the licensee	has complied with all	laws of the Comr	nonwealth relating to	taxes; and	
	s are now open for bus		=	,	
			,		
SIGNED BY					
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N		EMPLOYER	IDENTIFICAT	ION NUMBER:
	TELEFTIONE	WINDER.	(Note: NOT Ind		
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:	7		By:		
DISAPPROVED:					
(If disapproved explain	.)				
DATE			-		
DATE:					
APPLICATION FOR RENEWA	L MUST BE FILED BY LICEN	NSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	iA)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097800037	(CITY OR TOWN PLAINVII	LLE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: JARS FAMIL	Y CORPORATION			
DOING BUSINESS A PIEZONI'S				
ADDRESS 25 TAUNTON STREET	Γ			
CITY/TOWN: PLAINVILLE	STATE: MA	ZIP CODE: 02762		
MANAGER: BORNSTEIN, ANDREW	TYPE OF LICENSE: Resta	urant CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	_	
DESCRIPTION OF LICENSED PR				
1920 SQ FT SPACE CONSISTING ONE REAR DOOR SERVICE ENT FOOD, REAR OFFICE AND APPR	RY WITH SEATING FOR	APPROX. 34, STORAGE SP.		
I hereby certify and swear under pen	alties of perjury that:			
1. the renewed license will l	be of the same type for the sa	ame premises now licensed;		
<u>*</u>		onwealth relating to taxes; and		
3. the premises are now ope	n for business (If not explain	n below)		
SIGNED BY Individual, Pa	artner or Authorized Corpora	ate Officer		
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA	ΓΙΟΝ NUMBER:	
		(Note: NOT Individual Social Security Number)		
We the undersigned, attest that w Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.	ng inspector and the head o	of the fire department for the	e above	
Please Check Below:		LOCAL LICENSING AUTH	ORITY	
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disappioved expiaiii)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 097800038		CITY OR TOWN PLAINVI	LLE
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME:	RETAIL CON	VENIENCE LLC		
DOING BUSINESS	A AVA'S MAR	KET		
ADDRESS 80 TAU	NTON STREET			
CITY/TOWN: PLA	INVILLE	STATE: MA	ZIP CODE: 02762	
	ELDS, HARD J.	TYPE OF LICENSE: Pa	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OF	JR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PRE	MISES:		
STORE AND ONE I	ENTRANCE AT DOORSALL V	REAR OF ATOREH VINE/MALT TO BE D	H ONE ENTRANCE AT FRON IANDICAPPED ACCESS FROM ISPLAYED IN LINE OF CASH ANCE AT FRONT OF STORE	M THE
I hereby certify and s	swear under pena	lties of perjury that:		
1. the renew	ed license will be	e of the same type for the	e same premises now licensed;	
2. the licens	ee has complied	with all laws of the Com	nmonwealth relating to taxes; and	l
3. the premi	ses are now open	for business (If not exp	lain below)	
SIGNED BY	Individual, Par	tner or Authorized Corp	oorate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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LICENSE NUM	MBER: 097800039		CITY OR TOWN PLAINVI	LLE
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSIN		UNE INC.		
	/ILKINS DRIVE-			
CITY/TOWN:	PLAINVILLE	STATE: MA	ZIP CODE: 02762	
MANAGER:	FENS, JUAN YUEH TYI	PE OF LICENSE: Rest	taurant CATEGORY	: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
APPROX. 3800 STORAGE AR DOOR IN FRO	EAS TOTALLING APPR NT, ONE EMERGENCY	EVEL RETAIL SPAC OX. 1200 SQ FT, WI EXIT DOOR IN FRO	E, 3 DESIGNATED BASEME TH ONE DOUBLE ENTRY/E ONT, ONE EXIT/DELIVERY OOM, KITCHEN BAR AREA,	EXIT DOOR IN
I hereby certify	and swear under penalties	of perjury that:		
1. the r	renewed license will be of	the same type for the s	same premises now licensed;	
	<u>*</u>		onwealth relating to taxes; and	
3. the p	premises are now open for	business (If not explain	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Social	Security Number)
We the unders	• 1 44 441 4			
Acts of 2004, s	signed by the building in	spector and the head	certificate required by Chap of the fire department for th rance required by Chapter 11	e above
Acts of 2004, s named license	signed by the building ins and (2) the certificate of	spector and the head	of the fire department for th	e above .6 of the Acts
Acts of 2004, s named license of 2010. Please Check Below APPROVED:	signed by the building instand (2) the certificate of	spector and the head	of the fire department for the cance required by Chapter 11	e above .6 of the Acts
Acts of 2004, s named license of 2010. Please Check Below APPROVED: DISAPPROVE	signed by the building ins and (2) the certificate of w: D:	spector and the head	of the fire department for the rance required by Chapter 11 LOCAL LICENSING AUTH	e above .6 of the Acts
Acts of 2004, s named license of 2010. Please Check Below APPROVED:	signed by the building ins and (2) the certificate of w: D:	spector and the head	of the fire department for the rance required by Chapter 11 LOCAL LICENSING AUTH	e above .6 of the Acts
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